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JUNE HEALTH OBSERVANCE

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Health and wellness tips for your work, home and life—brought to you by the insurance and healthcare specialists at M3.

Myasthenia Gravis

Myasthenia gravis (MG) is a chronic autoimmune neuromuscular disease characterized by varying degrees of weakness of the skeletal or voluntary muscles of the body. According to the Myasthenia Gravis Foundation of America, Inc. (MGFA), one in every 5,000 Americans suffers from this disease, but it is thought to be under-diagnosed.

Origin
MG is caused by a defect in the transmission of nerve impulses to muscles. The flaw occurs when regular communication between the nerve and muscle is interrupted. In normal circumstances, the neurotransmitter acetylcholine is released when impulses travel down the nerve. In a person with MG, antibodies block, alter or even destroy the receptors for acetylcholine, preventing muscle contraction entirely. These antibodies are produced by the body's immune system, meaning the immune system is essentially attacking itself.

Occurrence
All ages, ethnic groups and both genders can suffer from MG, but it most commonly affects adult women under age 40 and men over age 60. MG is not inherited or contagious, but may occasionally occur in more than one member of the same family.

Signs and Symptoms
The most common indicators of MG are:
- Blurred or double vision
- Slurred speech
- A drooping eyelid
- Chronic muscle fatigue
- Difficulty breathing, chewing or swallowing
- Arm or leg weakness

Diagnosis
Because weakness is a common symptom of many other disorders, it may take a couple of years for the disease to be properly diagnosed. Often, a physician will first notice impaired eye movements and muscle weakness without a change in the individual's ability to feel things. A diagnosis can be confirmed with acetylcholine receptor antibody testing or other testing methods.

Treatment
Some cases of MG go into remission temporarily, during which time weakness may disappear entirely. When present, MG and muscle weakness can be managed in several ways:
- Various medications
- Thymectomy, the surgical removal of the thymus gland, which is often abnormal in MG patients
- Plasmapheresis, a procedure in which abnormal antibodies are removed from the blood
- High-dose intravenous immunoglobulin, which temporarily modifies the immune system

A neurologist should determine which treatment option is best, depending on the individual case.

For more information, contact the National Institute of Neurological Disorders and Stroke—Brain Resources and Information Network at 800-352-9424 www.ninds.nih.gov or MGFA at 800-541-5454 www.myasthenia.org.

Did You Know...?

Technological advances have led to more timely and accurate diagnoses of MG, and new and enhanced therapies have improved management of the disorder.